PTO/SB/17(09-00)

Approved for use through 10/31/2002. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| Filling Date September 28, 2001 First Named Inventor Bottom et al. Group Art Unit 2152 Examiner Name Not Yet Assigned Attorney Docket No. 42390P12322 METHOD OF PAYMENT (check one) 1. [X] The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number Deposit Account Name [X] Charge Any Additional Fee Required Under 37 GFB, 1-46, 984 fell to temporate as first data and sell to the se | | | | | FEE IRA | ANSMILIA | LFORFY | 2002 | | | | - | |
|--|--------------------------------|--|------------------|---------|----------------|---------------------|---------------------------------------|------------------------|--|------------------|-------------------|------------------|--|
| Complete if Known: Application No. 09/966,830 Filing Date September 28, 2001 First Named Inventor Bottom et al. Group Art Unit 2152 Examiner Name Not Yet Assigned Attorney Docket No. 42390P12322 METHOD OF PAYMENT (check one) 1. | İ | | | | TOTAL AMO | OUNT OF PAY | MENT (\$) | \$13 | 0.00 | | | | |
| Filing Date September 28, 2001 First Named Inventor Bottom et al. Group Art Unit: 2152 Examiner Name Not Yet Assigned Attorney Docket No. 42390Pt2322 METHOD OF PAYMENT (check one) 1. | Compl | lete if Kno | own: | | | | | | ••• | _ | | | |
| First Named Inventor Bottom et al. Group AT Unit 2152 Examiner Name Not Yet Assigned Attorney Docket No. 42390P12322 METHOD OF PAYMENT (check one) 1. [X] The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number Deposit Account Number Deposit Account Number Occasion of Charge Any Additional Fee Required Under 37 GEB, Left George Code (S) Code (S) Fee Description Code (S) Code (S | | | | | | | | | | | | | |
| Group At Unit 2152 Examiner Name Not Yet Assigned Attorney Docket No. 42390P12322 METHOD OF PAYMENT (check one) 1. [X] The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number Deposit Account Name Charge Any Additional Fee Required Under 37 GEB 1.06 370 CFR \$1.5 (a) | Filing Date September 28, 2001 | | | | | | | | | | | | |
| Examiner Name Not Yet Assigned Attorney Docket No. 42390P12322 METHOD OF PAYMENT (check one) 1. | | | | | | | | | | | | | |
| METHOD OF PAYMENT (check one) 1. [X] The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number De | | | | | | | | | | | | | |
| METHOD OF PAYMENT (check one) 1. [X] The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number Deposit | | | | | | | | | | | | | |
| 1. [X] The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number | | | | | | A | | | | | | | |
| Any over payments to: Deposit Account Number Deposit Account Number Deposit Account Name Deposit Name | | IOD OF F | | , | · | | | | | | | | |
| Charge Any Additional Fee Required Under 37 (CFB) 1-16, 913 (3) (3) (3) (3) (3) (3) (3) (3) (3) (3 | 1. | | | | | | | | | | | | |
| [X] Charge Any Additional Fee Required Under 37 GEB Laft Graph L | | | Deposi | t Accou | ınt Number | 02-2666 | | | | | | | |
| [X] Charge Any Additional Fee Required Under 37 [FEB] 1-16, and first Compandance is transportation of the part | | | Deposi | t Accou | ant Name | | E1 | DOTOLA | ER CERTIS | TO A THE | ○ E 1/10 H | NO. | |
| 2. X | | (37 CFR \$18(a)) | | | | | | | | | | | |
| X | 2 | ······································ | | | | | | n Postal Se | rvice as first | dess ma: | | age n | |
| Money Order Other | 2. | | . . . | | | | V/ashington, | DC 20231. | | | d in projection | , a.a., b, | |
| Desir of Deposit | | | | | - | | r. 150 | CC | mp | | 21.0 | JC-d- | |
| 1. BASIC FILING FEE Large Entity Small Entity Fee Fee | | | | | - | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | Date of I | Deposit | 111 | | |
| 1. BASIC FILING FEE Large Entity Small Entity Fee Fee | EEE O | | TION | | | | TO U | للحري | City |) (ì | * MV | ED (1) | |
| Signature Data | FEE C | ALCULA | AHON | | | | | Name o | Person Ma | O Corres | pondence | . ~ 1 | |
| Signature Data | 1. | BASIC F | ILING F | EE | | | 111 | Mr. | YY)(J | Lhu | 50 | 191 | |
| Fee | · | | | | | | S | ignature | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | Data | | |
| Code (\$) | Large | Entity | Small E | Entity | | | | | | | | 1 | |
| 101 | Fee | | Fee | | | | | | | | | | |
| 106 330 206 165 Design application filing fee 107 510 207 255 Plant filing fee 108 740 208 370 Reissue filing fee 114 160 214 80 Provisional application filing fee 114 160 214 80 Provisional application filing fee 114 160 214 80 Provisional application filing fee 115 SUBTOTAL (1) \$0.00 2. EXTRA CLAIM FEES Extra Claims Fee from below Fee Paid Fe | | | | | | | _ | | | F | ee Paid | | |
| 107 | | | | | | | | | | _ | | | |
| 108 | | | | | | | у тее | | | _ | | | |
| SUBTOTAL (1) \$ 0.00 2. EXTRA CLAIM FEES Extra Claims Delow Fee Food **Core To Reissues, see below. Subtotal (1) \$ 0.00 Extra Claims Fee from below Fee Paid **Core number previously paid, if greater; For Reissues, see below. Large Entity Small Entity Fee Fee Fee Fee Code (\$) Code (\$) Fee Description 103 18 203 9 Claims in excess of 20 102 84 202 42 Independent claims in excess of 3 104 280 204 140 Multiple dependent claim, if not paid 109 84 209 42 **Reissue independent claims over original patent 110 18 210 9 **Reissue claims in excess of 20 and over original patent **Reissue claims in excess of 20 and over original patent | | | | | | _ | | | | _ | | | |
| 2. EXTRA CLAIM FEES Extra Claims Extra Cla | | | | | | | filina fee | | | _ | | | |
| 2. EXTRA CLAIM FEES Extra Claims Fee Form Extra Claims Fee Paid The Claims Extra Claims Fee Paid The Paid T | | | | | | арриоанон | 9 | | | | | | |
| Total Claims | | | | | | | | SUBTO |)TAL (1) | \$ <u>0.00</u> |) | ' | |
| Total Claims | 2. | EXTRA (| CLAIM F | EES | | | | | Fee from | | | | |
| Independent Claims | , | | | | | Extra Claims | | j | below | F | ee Paid | | |
| Independent Claims | Takal | Cl=: | | | 20** - | | | · · | | _ | | | |
| Multiple Dependent **Or number previously paid, if greater; For Reissues, see below. Large Entity Small Entity Fee Fee Fee Fee Code (\$) Code (\$) Fee Description 103 18 203 9 Claims in excess of 20 102 84 202 42 Independent claims in excess of 3 104 280 204 140 Multiple dependent claim, if not paid 109 84 209 42 **Reissue independent claims over original patent 110 18 210 9 **Reissue claims in excess of 20 and over original patent | | | Naima. | | | | | | | = - | | | |
| **Or number previously paid, if greater; For Reissues, see below. Large Entity Small Entity Fee Fee Fee Fee Code (\$) Code (\$) Fee Description 103 18 203 9 Claims in excess of 20 102 84 202 42 Independent claims in excess of 3 104 280 204 140 Multiple dependent claim, if not paid 109 84 209 42 **Reissue independent claims over original patent 110 18 210 9 **Reissue claims in excess of 20 and over original patent | | | | | - 3 - = | | | ^ - | | | | | |
| Large EntitySmall EntityFeeFeeFeeFeeCode (\$)Code (\$)Fee Description103182039Claims in excess of 201028420242Independent claims in excess of 3104280204140Multiple dependent claim, if not paid1098420942**Reissue independent claims over original patent110182109**Reissue claims in excess of 20 and over original patent | | | | | l :6 | For Poisson | a asa balaw | | | = - | | | |
| Fee Fee Fee Fee Fee Code (\$) Code (\$) Fee Description 103 18 203 9 Claims in excess of 20 102 84 202 42 Independent claims in excess of 3 104 280 204 140 Multiple dependent claim, if not paid 109 84 209 42 **Reissue independent claims over original patent 110 18 210 9 **Reissue claims in excess of 20 and over original patent | | | | | i, ii greater, | For Reissue | s, see below | 7. | | | | | |
| Code (\$) Code (\$) Fee Description 103 18 203 9 Claims in excess of 20 102 84 202 42 Independent claims in excess of 3 104 280 204 140 Multiple dependent claim, if not paid 109 84 209 42 **Reissue independent claims over original patent 110 18 210 9 **Reissue claims in excess of 20 and over original patent | | | | | | | | | | | | | |
| 103 18 203 9 Claims in excess of 20 102 84 202 42 Independent claims in excess of 3 104 280 204 140 Multiple dependent claim, if not paid 109 84 209 42 **Reissue independent claims over original patent 110 18 210 9 **Reissue claims in excess of 20 and over original patent | | | | | Fee Descri | ntion | | | | | | | |
| 102 84 202 42 Independent claims in excess of 3 104 280 204 140 Multiple dependent claim, if not paid 109 84 209 42 **Reissue independent claims over original patent 110 18 210 9 **Reissue claims in excess of 20 and over original patent | | | | | | | | | | | | | |
| 104 280 204 140 Multiple dependent claim, if not paid 109 84 209 42 **Reissue independent claims over original patent 110 18 210 9 **Reissue claims in excess of 20 and over original patent | | _ | | | | | cess of 3 | | | | | | |
| 109 84 209 42 **Reissue independent claims over original patent 110 18 210 9 **Reissue claims in excess of 20 and over original patent | | | | | | | | | | | | | |
| 110 18 210 9 **Reissue claims in excess of 20 and over original patent | | 84 | 209 | 42 | | | | ginal pa | atent | | | | |
| SUBTOTAL (2) \$ <u>0.00</u> | 110 | 18 | 210 | | | | | | | nt | | | |
| | | | | | | | | SUB | TOTAL (2 | e) \$ <u>0.0</u> | 00 | - | |

FEE CALCULATION (continued)

3. ADDITIONAL FEES

| ee | Fee | | | | |
|---------|-------------|-------------|---------------|---|-------------|
| Code | | Fee | Fee (\$) | Foo Description | Ean Date |
| 105 | (\$) 130 | Code 205 | (\$) 65 | Fee Description Surcharge - late filing fee or oath | Fee Paid |
| 127 | 50 | 203 | 25 | Surcharge - late provisional filing fee | \$130.00 |
| 121 | 30 | 221 | 23 | or cover sheet | |
| 139 | 130 | 139 | 130 | Non-English specification | |
| 147 | 2,520 | 147 | 2,520 | For filing a request for ex-parte reexamination | |
| 099 | 8,800 | 099 | 8,800 | Request for inter partes reexamination | |
| 112 | 920* | 112 | 920* | Requesting publication of SIR prior to | |
| | | | | Examiner action | |
| 113 | 1,840* | 113 | 1,840* | Requesting publication of SIR after | |
| | • | | - | Examiner action | |
| 115 | 110 | 215 | 55 | Extension for response within first month | |
| 116 | 400 | 216 | 200 | Extension for response within second month | |
| 117 | 920 | 217 | 460 | Extension for response within third month | |
| 118 | 1,440 | 218 | 720 | Extension for response within fourth month | |
| 128 | 1,960 | 228 | 980 | Extension for response within fifth month | |
| 119 | 320 | 219 | 160 | Notice of Appeal | |
| 120 | 320 | 220 | 160 | Filing a brief in support of an appeal | |
| 121 | 280 | 221 | 140 | Request for oral hearing | |
| 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding | |
| 140 | 110 | 240 | 55 | Petition to revive unavoidably abandoned application | |
| 141 | 4 200 | 241 | 640 | or unavoidably delayed payment of issue fee | |
| 141 | 1,280 | 24 1 | 040 | Petition to revive unintentionally abandoned application | П |
| 142 | 1,280 | 242 | 640 | or unintentionally delayed payment of issue fee Utility issue fee (or reissue) | |
| 142 | 460 | 242 | 230 | Design issue fee | |
| 144 | 620 | 243 244 | 230 310 | Plant issue fee | |
| 122 | 130 | 122 | 130 | Petitions to the Commissioner | |
| 123 | 50 | 123 | 50 | Petitions related to provisional applications | |
| 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt | |
| 581 | 40 | 581 | 40 | Recording each patent assignment per | |
| | - | | | property (times number of properties) | |
| 146 | 740 | 246 | 370 | For filing a submission after final rejection | |
| | | | | (see 37 CFR 1.129(a)) | |
| 149 | 740 | 249 | 370 | For each additional invention to be examined | |
| | | | | (see 37 CFR 1.129(b)) | |
| 179 | 740 | 279 | 370 | Request for Continued Examination (RCE) | |
| 169 | 900 | 169 | 900 | Request for expedited examination of a design | |
| | | | | application | |
| Other f | ee (specif | y) | | | |
| Other f | ee (specif | iv) | | | |
| Juigi I | oe (ahecii | <i></i> | | | - |
| | | | | | |
| | | - | | SUBTOTAL (3) \$ <u>13</u> | 0.00 |
| ~Keduce | ed by Basic | Filing Fee | raid | | |
| SUBM | ITTED B | <u>Y</u> : | | 1/ | |
| Typed | or Printe | d Name: | Micha | e DeSanctis | |
| Signat | ture: | 1000 | $\frac{1}{2}$ | Date: 12/3/01 | |
| | | | | | |